

**FEC
FORM 1**

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Libertarian Party of Michigan Executive Committee, Inc.

ADDRESS (number and street)

P.O. Box 614

☒ (Check if address is changed)

Royal Oak

CITY ▲

MI

STATE ▲

48068

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

angelat0763@gmail.com

Optional Second E-Mail Address

swmi4liberty@be-innovative.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

☒ (Check if address is changed)

www.michiganlp.net

2. DATE

MM / DD / YYYY
02 / 05 / 2023

3. FEC IDENTIFICATION NUMBER ►

C C00403907

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thornton, Angela, , ,

Signature of Treasurer

Thornton, Angela, , ,

[Electronically Filed]

Date

MM / DD / YYYY
02 / 05 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

EXHIBIT 11

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:☐ House☐ Senate☐ President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☒ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative

☐ In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐ In addition, this committee is a Lobbyist/Registrant PAC.

☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) ☐ This committee is an independent expenditure-only political committee (Super PAC).

☐ In addition, this committee is a Lobbyist/Registrant PAC.

- (h) ☐ This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

☐ In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. 2.

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Page 3

Write or Type Committee Name

Libertarian Party of Michigan Executive Committee, Inc.

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Thorton, Angela, , ,

Mailing Address 15223 Ripple Dr.

Linden

MI

48451

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

517

375

9924

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Thorton, Angela, , ,

Mailing Address 15223 Ripple Dr.

Linden

MI

48451

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

517

375

9924

FEC Form 1 (Revised 02/2009)

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Full Name of Designated Agent Brandenburg, Jason, F, ,
Mailing Address 2763 Chestnut Ridge Ave.
Portage MI 49024 -
CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼
Telephone number 586 - 491 - 8853

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Comerica Bank
Mailing Address PO Box 75000
Detroit MI 48275 -
CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address
CITY ▲ STATE ▲ ZIP CODE ▲

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www.michiganlp.net

2. DATE

03 / 18 / 2023

3. FEC IDENTIFICATION NUMBER ►

C C00403907

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thornton, Angela, , ,

Signature of Treasurer

Thornton, Angela, , ,

[Electronically Filed]

Date

03 / 19 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

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- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
Candidate

” ” ” ” ”

Candidate
Party AffiliationOffice
Sought:☐ House☐ Senate☐ President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

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- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

☐

In addition, this committee is a Lobbyist/Registrant PAC.

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☐

In addition, this committee is a Lobbyist/Registrant PAC.

☐

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Libertarian Party of Michigan Executive Committee, Inc.

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NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Thornton, Angela, , ,

Mailing Address 15223 Ripple Dr.

Linden

MI

48451

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

810

458

4698

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Thornton, Angela, , ,

Mailing Address 15223 Ripple Dr.

Linden

MI

48451

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

810

458

4698

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Full Name of Designated Agent Brandenburg, Jason, F, ,

Mailing Address 2763 Chestnut Ridge Ave.

Portage MI 49024 -

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

Telephone number 586 - 491 - 8853

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Comerica Bank

Mailing Address 411 W Lafayette Blvd

Detroit MI 48226 -

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: F1A
Transaction ID :

This amendment is to correct the spelling of the Treasurer and correct the bank address.

Form/Schedule:
Transaction ID: